



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9879

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/765,336 | <b>FILING OR 371(c) DATE</b><br>01/27/2004<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1618 | <b>ATTORNEY DOCKET NO.</b><br>20150-74359 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Iontcho R. Vlahov, Lafayette, IN;  
 Christopher P. Leamon, West Lafayette, IN;  
 Matthew A. Parker, San Diego, CA;  
 Stephen J. Howard, West Lafayette, IN;  
 Hari Krishna Santhapuram, West Lafayette, IN;  
 Apparao Satyam, Mumbai, INDIA;  
 Joseph Anand Reddy, West Lafayette, IN;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/442,845 01/27/2003 and claims benefit of 60/492,119 08/01/2003 and claims benefit of 60/516,188 10/31/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 07/29/2004**

|   |   |                               |                            |                           |                                |
|---|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>IN | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>63 | <b>INDEPENDENT CLAIMS</b><br>7 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |                               |                            |                           |                                |

**ADDRESS**  
23643

**TITLE**  
Vitamin receptor binding drug delivery conjugates

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1009 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|